



**Board Member | Board Alternate | Committee Member**  
**Travel Expense Claim Form**

**Meeting Attended:**

**Date**

**Location**

**Personal Car Mileage**

**Miles**

**Cost**

Personal car mileage is reimbursed at the currently allowable IRS rate of \$0.50 per mile

**Rental Car**

\$75/day maximum. Attach original receipt.

**Commercial Airline**

\$600/day maximum. Attach original receipt.

**Private or Chartered Aircraft**

**Passengers**

**Total**

\$400 per person. Up to 400 miles roundtrip

\$600 per person. Over 400 miles roundtrip

When transporting other board members attach a signed sheet stating all passengers

**Hotel Room + Tax**

\$150 per day maximum. Attach original receipt.

**Meals**

**Date(s)**

**Meals**

**Total**

Breakfast \$10

Lunch \$15

Dinner \$30

If you paid for another member's meal, please indicate their name:

**Parking**

Attach receipt for charges in excess of \$10

**Taxi, train or bus fare; Tolls**

Attach receipts.

**Total Expenses Claimed**

**Name**

**Signature**

**Date**

**Make check payable to:**

Return completed forms to:  
LGMA 1521 I Street, Sacramento, CA 95814  
Fax 916-446-1063  
[info@caleafygreens.ca.gov](mailto:info@caleafygreens.ca.gov)